

**STATE OF SOUTH DAKOTA
CLIENT SERVICE SUMMARY
FISCAL YEAR 2007**



PREPARED BY

**THE DEPARTMENT OF HUMAN SERVICES
DIVISION OF ALCOHOL AND DRUG ABUSE**

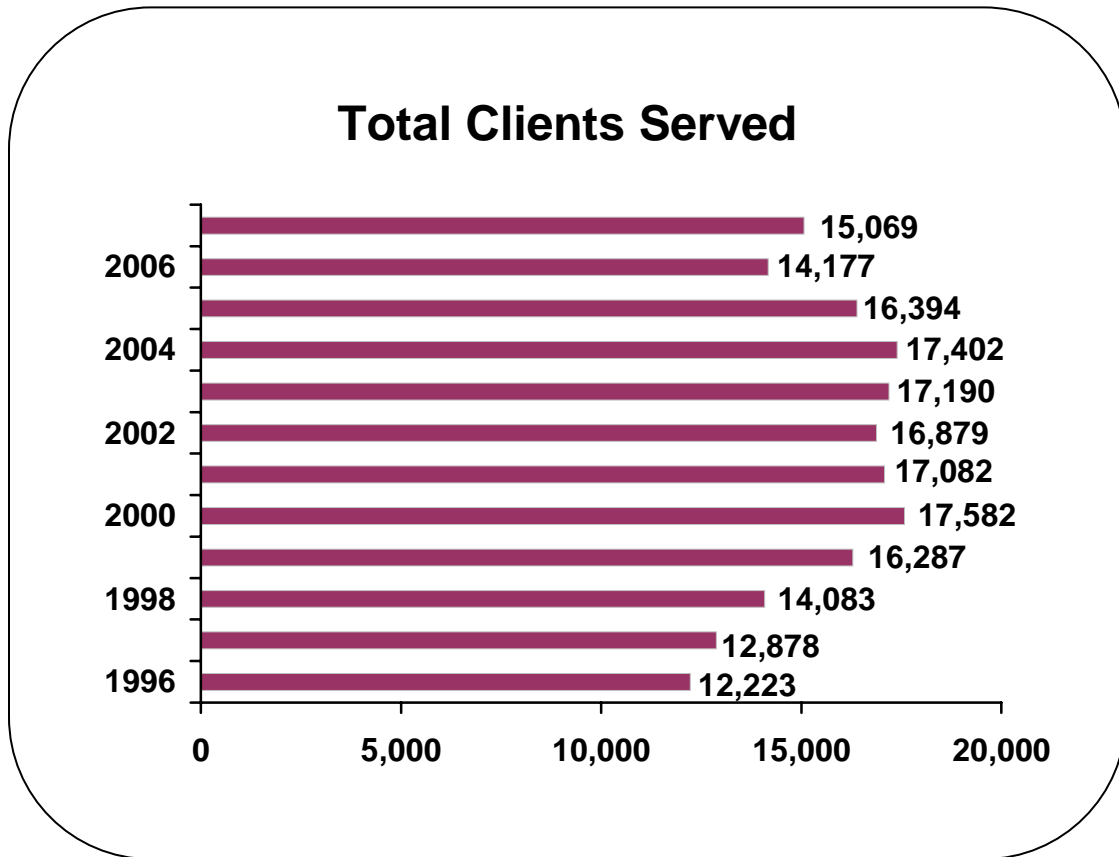
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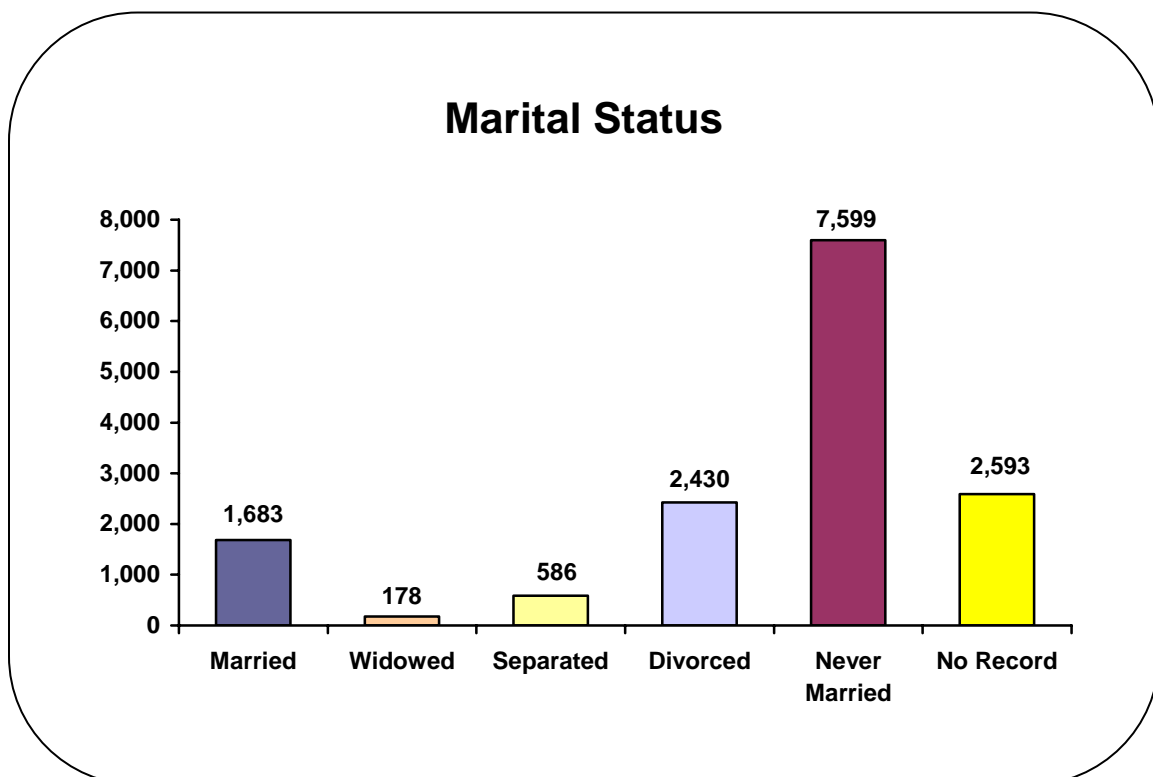
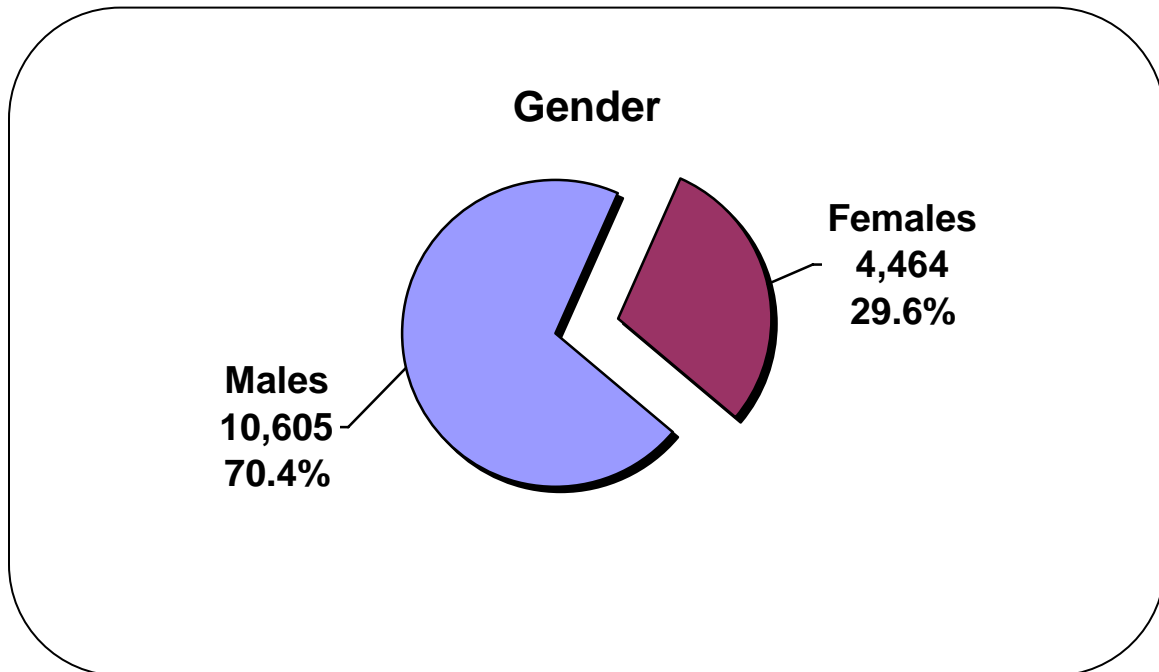
In SFY2006, the Division of Alcohol and Drug Abuse, in conjunction with the State of South Dakota, updated the process for reporting client demographics, chemical use, treatment episodes, and billing processes. Though work continues on improving reporting requirements, the State Treatment Activity Reporting System (STARS) gives more information with less error than the previous management information system.

In SFY2007, which encompasses June 1, 2006 to May 31, 2007 the STARS data reflects an unduplicated count of 15,069 clients served by 61 division accredited agencies located across the state. Approximately 2,500 of these clients did not complete the demographic information screens in STARS, either because they did not meet requirements for structured treatment or did not actually enter/attend recommended treatment services.

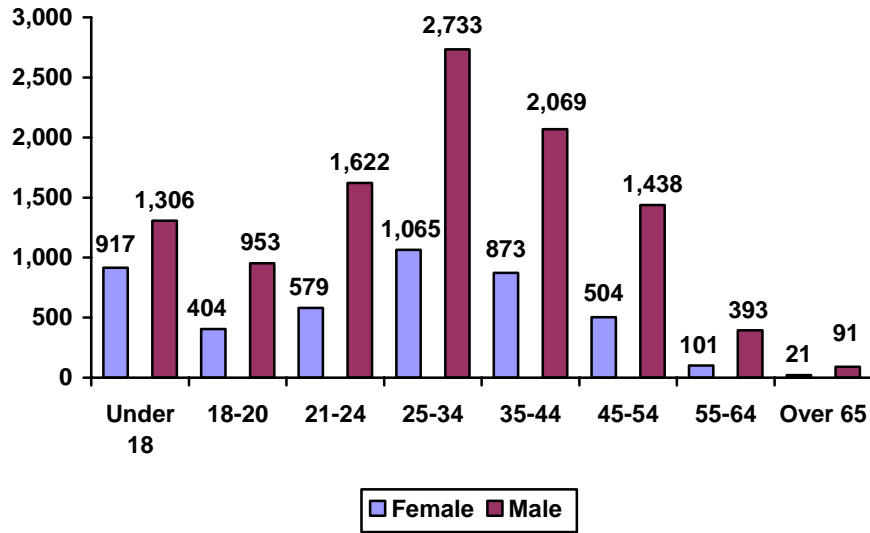
In FY2007 (June 1, 2006-May 31, 2007), a total of 15,069 clients (unduplicated number) received services through 61 accredited treatment facilities through the State of South Dakota. These clients received services ranging from crisis intervention to structured treatment programs.



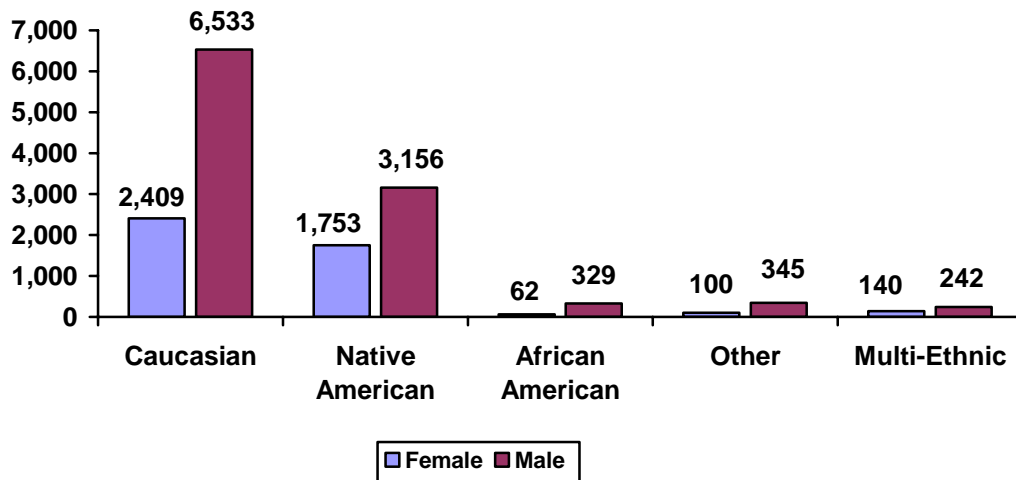
DEMOGRAPHIC INFORMATION ON CLIENT ADMISSIONS FOR FY2007



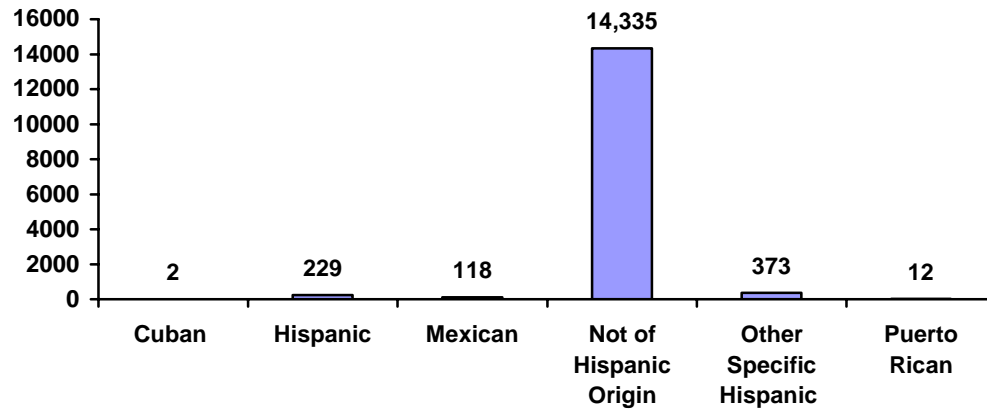
Clients by Age



Clients by Race

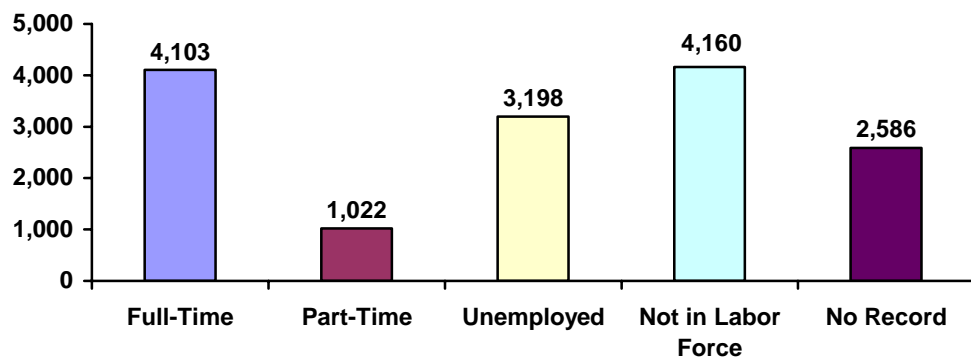


Ethnicity

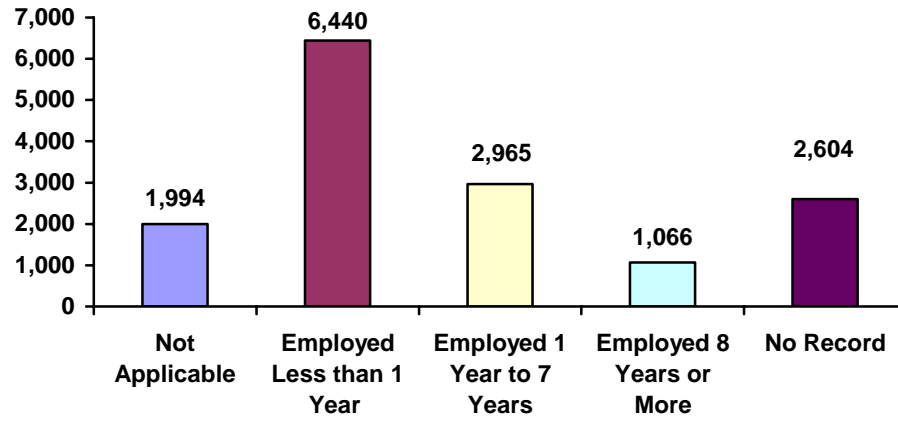


EMPLOYMENT

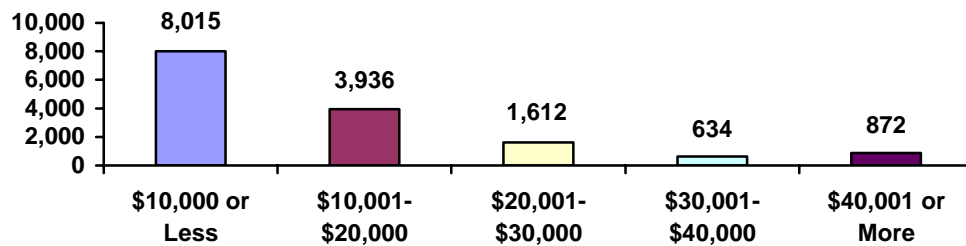
Employment Status



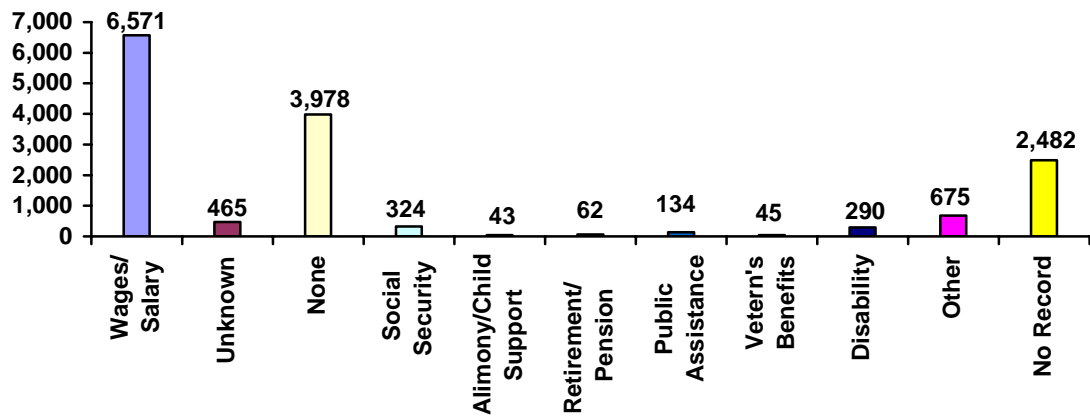
Employment



Yearly Average Salary

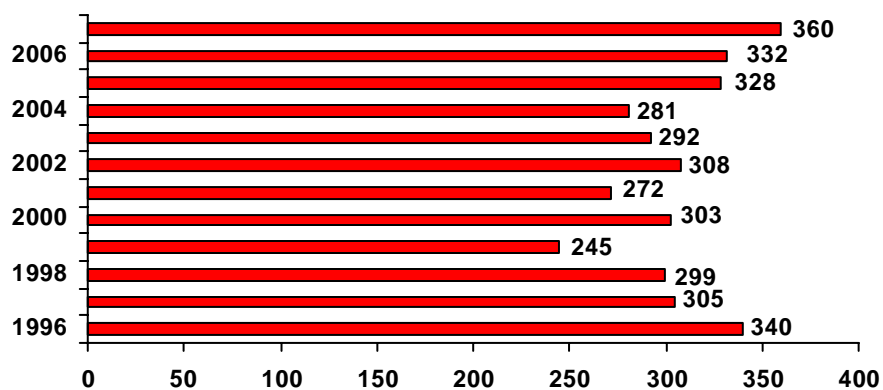


Source of Income



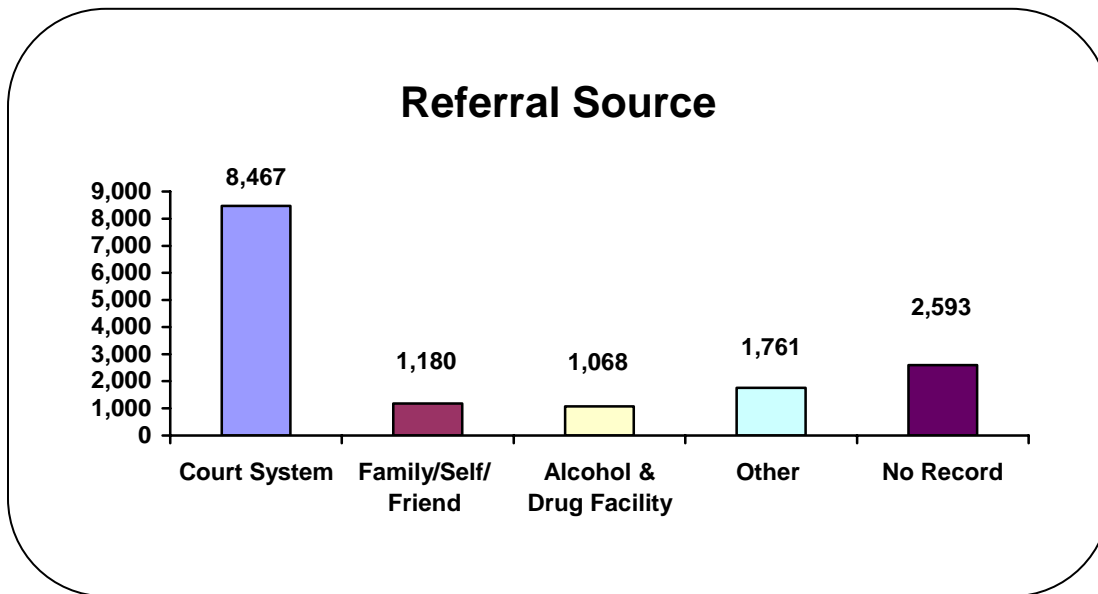
The information in the graph below shows that 360 clients reported to be homeless at the time of admission during FY2007. This compares with FY2006 where 332 clients were reported homeless at the time of admission.

Homeless Clients



REFERRALS

The following graph reflects client referral sources for chemical dependency services. The “Other” 11.7% of referrals were made by the following: employer, school, medical physician, other health care provider, community mental health center, Dept. of Social Services, Bureau of Indian Affairs, Indian Health Services, Division of Alcohol and Drug Abuse, Human Service Center, law enforcement, circuit court judges, information and referral hotline, and other community-based sources.



DISCHARGES

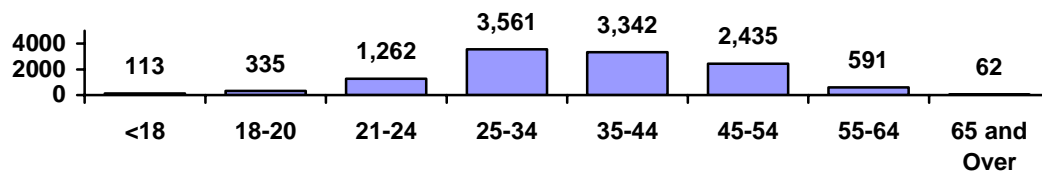
STARS shows there were 15,472 total admissions with 15,069 clients moving in and out of the chemical dependency system multiple times. Of the total admissions 11,682 were discharged in FY2007.

Discharge referrals were made to the following: attorney, Department of Social Services, Parolee Services, against counselor advice, family/friend, medical physician, community mental health centers, Indian Health Services, Division of Alcohol and Drug Abuse, Gamblers Anonymous and other community-based sources.

DUI CONVICTIONS

For those clients referred for services in FY2007; 15,069 clients had a total of 11,701 DUI convictions within the last ten (10) years. In FY2007, 874 clients went through the South Dakota Public Safety DUI Curriculum; which is a 12 hour course.

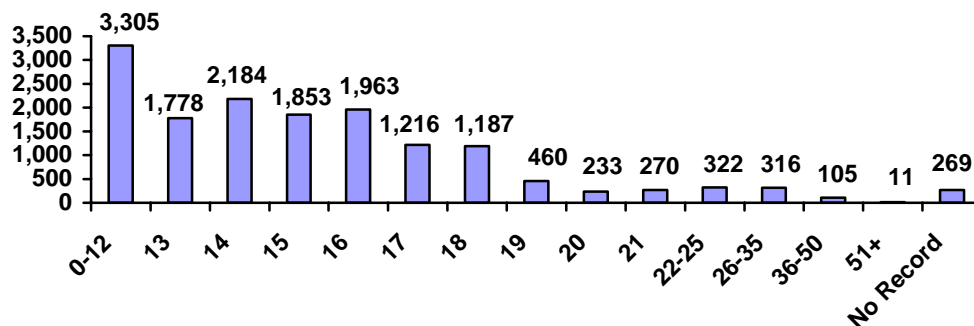
DUI Convictions in the Past 10 Years



AGE OF FIRST USE

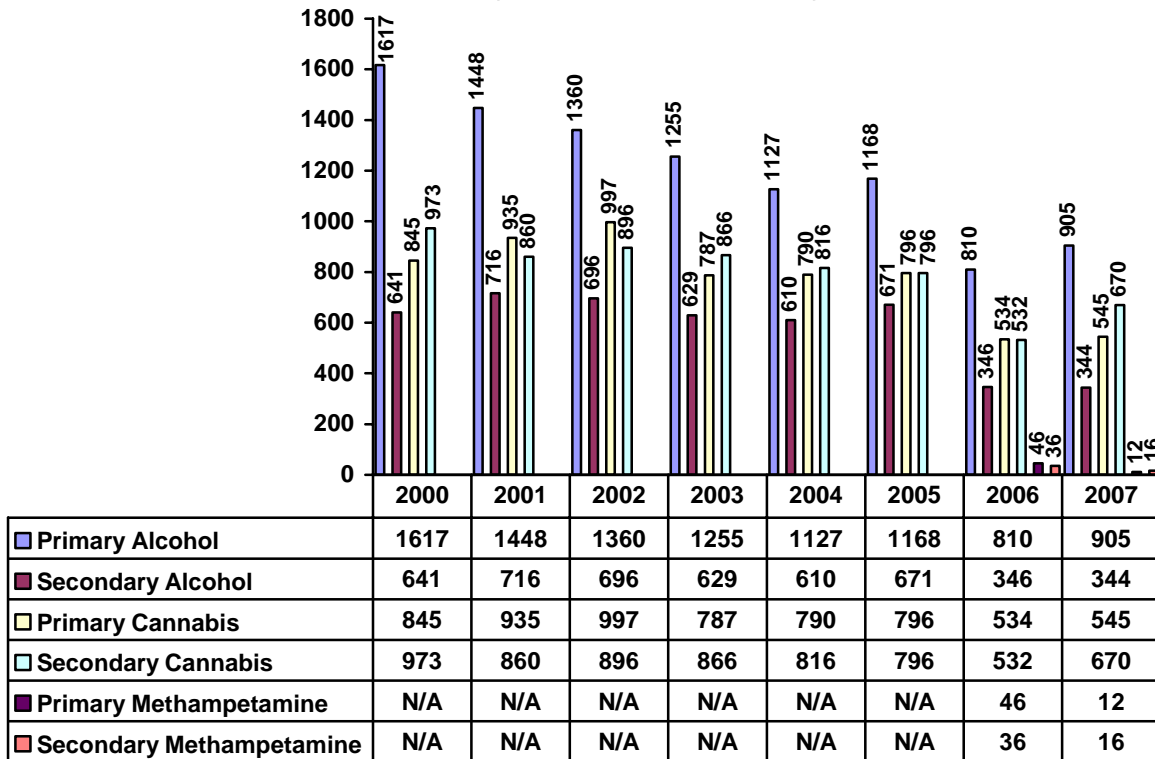
The admission data demonstrates that 3,305 or 21.4% of clients reported their first use of alcohol and/or drugs at or prior to age 12; 10,874 or 70.3% reported their first use of alcohol and/or drugs occurred prior to the age of 21; and 1,024 or 6.6% reported their first use of alcohol and or drugs occurred at or after age 21. The following chart demonstrates at what age clients who received services first began using drugs/alcohol according to data collected at admission in FY2007. (This percentage does not include the 269 clients for which we have no record).

Age of First Use



The following graph is information gathered regarding the primary drugs of abuse by clients under the age of 18.

Primary and Secondary Abuse Under 18

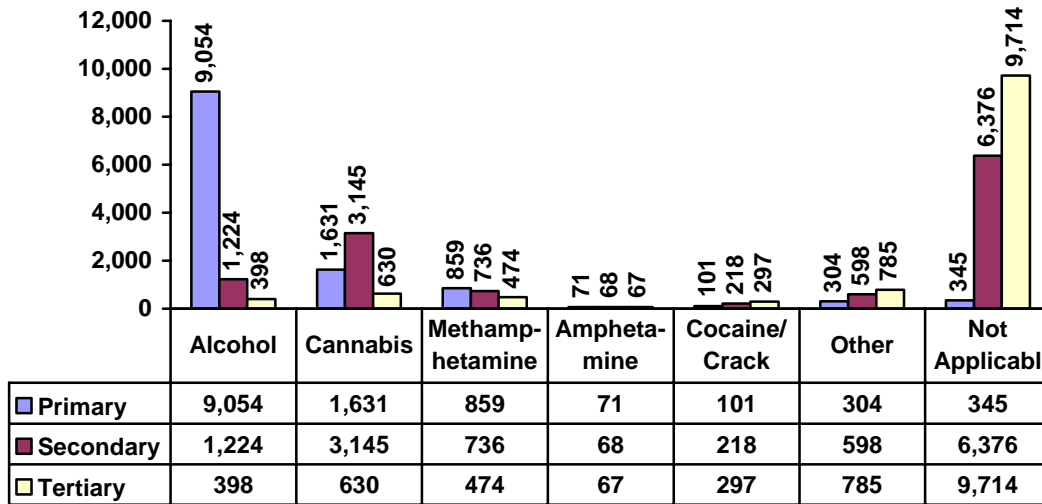


In FY2007, alcohol was the primary drug of abuse for 905 or 40.7% of the youth and cannabis was the primary drug of abuse for 545 or 24.5% of the 2,223 youth under the age of 18. In addition, alcohol was the secondary drug of abuse for 344 or 15.5% of the youth and cannabis was the secondary drug of abuse for 670 or 30.1% of the youth under the age of 18. Methamphetamine was the primary drug of abuse for 12 or 0.5% of the youth and the secondary drug of abuse for 16 or 0.7% of youth under the age of 18.

SUBSTANCE OF ABUSE

Most clients who received services had a substance of choice which they abused more heavily than another. The following chart demonstrates client's primary, secondary and tertiary substance of abuse at the time of admission in FY2007. The "Other" drugs category would include the following: inhalants, hallucinogens, sedatives, phencyclidine/(PCP), over the counter/(OTC), nicotine, caffeine or other drug.

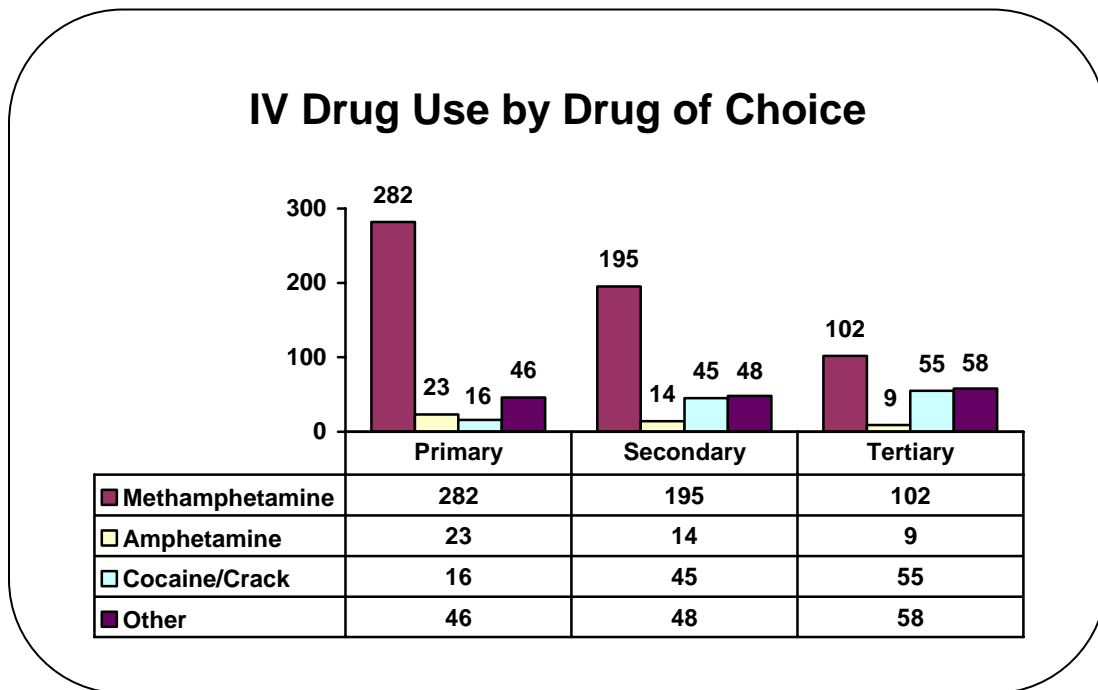
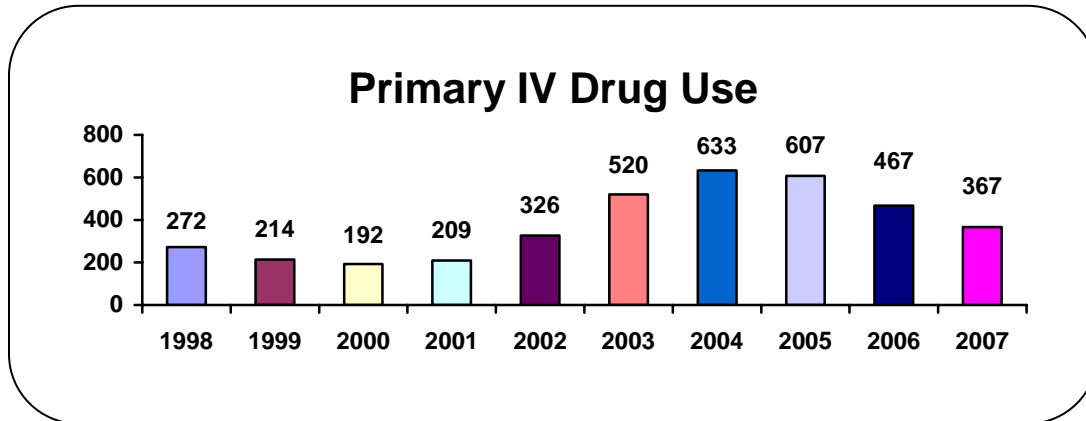
Substance of Choice



*No record of Primary, Secondary, and Tertiary use for 2,704 clients.

DATA ON INTRAVENOUS DRUG USE

The following charts demonstrate IV drug use as one of the primary routes of administration and the primary IV drug of choice was methamphetamine. (This does not include the 2,704 clients for which there are no records.)



NOTABLE TRENDS

During FY2007, the Division of Alcohol and Drug Abuse obtained data on 15,069 clients who were served through 61 accredited facilities. Services that are offered were Assessments, Intensive Outpatient Treatment, Day Treatment, Outpatient Counseling, Medically Monitored Intensive Residential Treatment, Low Intensity Residential Treatment, and Detox.

The primary drugs of choice during FY2007 were:

Alcohol – 60% Cannabis – 11% Methamphetamine – 8% Other amphetamine – <1%

The primary drugs of choice during FY2006 were:

Alcohol – 70% Cannabis – 15% Methamphetamine – 9% Other amphetamine – 1%

In previous years the primary drug of choice using the MIS System is as follows:

The primary drugs of choice during FY2005 were:

Alcohol – 66% Cannabis – 14% Methamphetamine – 6% Other amphetamine – 2%

The primary drugs of choice during FY2004 were:

Alcohol – 64% Cannabis – 13% Methamphetamine – 5% Other amphetamine – 1%

The primary drugs of choice during FY2003 were:

Alcohol – 64% Cannabis – 13% Methamphetamine – 4% Other amphetamine – 1%

The primary drugs of choice during FY2002 were:

Alcohol – 64% Cannabis – 13% Methamphetamine – 2% Other amphetamine – 1%

The primary drugs of choice during FY2001 were:

Alcohol – 66% Cannabis – 13% Methamphetamine – 1% Other amphetamine – 1%

The primary drugs of choice during FY2000 were:

Alcohol – 68% Cannabis – 12% Methamphetamine – 1% Other amphetamine – 1%

During FY2007, there were a total of 828 adolescent Title 19/indigent applicants for Division funding. 812 of those clients were funded by Title 19; the other 16 were funded through insurance or indigent funding. Of the 828 clients, 38 had a methamphetamine diagnosis, with 1 that used methamphetamine intravenously. Of the 38 clients; 24 were females and 14 were males; 14 were Caucasian, 16 were Native American, and 7 were Multi-Ethnic, and 1 responded as Other.

It should be noted that in FY2007, the number of youth under the age of 18 referred for alcohol and drug treatment services was 2,223 clients. In FY2006 1,992 clients were referred for services; FY2005 2,456 clients were referred for services; and in FY2004 2,626 youth were referred for treatment services.

During FY2007, there were 1,262 adult applications for indigent funded treatment reviewed by the Division. 869 of those clients were funded by the Division, 358 were funded by the city or county, 23 were funded through insurance, 10 were funded through private pay, and 2 were funded through another source. Of the 1,262 clients, 234 had a methamphetamine diagnosis with 74 that used methamphetamine intravenously. Of the 234 clients; 139 were females and 95 were males; 151 were Caucasian, 63 were Native American, 1 African American, 12 was Multi-Ethnic, and 7 responded with Other.

During FY2007, there were a total of 15,069 clients statewide with a total of 1,664 clients with a methamphetamine diagnosis. During FY2006, there were a total of 14,177 clients statewide with a total of 1,729 clients with a methamphetamine diagnosis.

During FY2007, 135 pregnant-parenting substance-abusing women received chemical dependency treatment services in South Dakota. Of the 135 pregnant-parenting substance-abusing women 36 had a Primary, Secondary, or Tertiary diagnosis of Methamphetamine Dependence. The following chart breaks down their demographics along with their Primary Substance of Choice.

Race	Age	Marital Status	Annual Income	Primary Substance
Caucasian 46	0-17 12	Married 7	\$0-1,000 77	No Drug 35
African American 5	18-20 22	Widowed 0	\$1,001-10,000 36	Alcohol 58
Native American 75	21-24 35	Separated 15	\$10,001-20,000 17	Cannabis 18
Multi-Ethnic 7	25-34 58	Divorced 9	\$20,001-40,000 3	Crack/Cocaine 1
Other 2	35-42 8	Never Married 70	\$40,000 + 1	Meth/Amphetamine 18
		No Record 34	No Record 1	Other 5

During FY2007, there were 98 pregnant-parenting women who completed chemical dependency treatment services in the specialized pregnant women/women with dependent children programs.

The following table identifies treatment and prevention services by category and details the total number of units of service purchased by the Division and the number of clients served.

Service	Total Contract Units	Total Contract Clients	Total Non-Contract Units	Total Non-Contract Clients
Early Intervention (15 min/unit)	47,861	5,915	27,690	3,841
Co-Dependency (Non-Contract Only)	-	-	2	1
Outpatient (Counseling) (15 min/unit)	194,124	5,129	39,961	994
Intensive Outpatient (15 min/unit)	377,889	2,022	583,720	2,877
Day Treatment (1 day/unit)	9,501	397	1,598	74
Intensive Inpatient (1 day/unit)	30,897	808	42,064	1,403
Low Intensity Residential (1 day/unit)	61,157	1,148	26,534	389
Detoxification (1 day/unit)	10,681	1,483	511	203
Information Dissemination (1 hour/unit)	11,114	205,984	0	0
Education (1 hour/unit)	39,642	296,802	0	0
Community Based (1 hour/unit)	7,774	170,047	0	0
Alternatives (1 hour/unit)	5,200	49,934	0	0
Environmental (1 hour/unit)	702	128,941	0	0
19-20 Diversion (1 hour/unit)	1,002	505	0	0
PPP Diversion (1 hour/unit)	1,777	865	0	0
IPP Diversion (1 hour/unit)	2,033	192	0	0

PREVENTION

During FY2007, a total of \$2,160,146 (a 2% increase from FY2006) was expended in federal funds. In addition, \$67,334 was expended in the Resource Development area. What follows is a summary of those prevention projects supported with funding from the Division.

- I. The Division's alcohol and other drug prevention services for FY2007 included a continuum of activities, programs, and projects. Prevention services included alcohol and drug prevention classes, resource center support, violence and bullying prevention, youth trainings for peer leadership, ATOD curriculums, comprehensive health education, school-based prevention and community coalition mobilization.
- II. South Dakota's Prevention Resource Centers are located in Sioux Falls, Watertown, Rapid City, and Lemmon which provide a wide range of services to school and community agencies statewide. Those services include: alcohol and other drug prevention trainings, violence education and trainings to school and

community groups; the maintenance of a resource center and library; curriculum training and program implementation; a speaker's bureau; prevention evaluation and policy implementation trainings; Improvisational Theater trainings; and other prevention services. In addition, the Prevention Resource Centers also serve as a networking and community collaboration "hub" for their catchments area.

- III. The Division of Alcohol and Drug Abuse is fully committed to community mobilization efforts through the South Dakota Community Mobilization Projects. This initiative is designed to blend the resources of federal, state, and local government together with those of community leadership, volunteers, private and public service providers, families, schools, and all citizens to focus on reducing the incidence of substance abuse in the state. Each Community Mobilization Project is staffed by a Community Prevention Networker (CPN). The CPN's function is to assemble a coalition of community leaders and/or help sustain current ATOD and violence prevention efforts within the community, conduct a needs assessment based on the input of the identified community leaders, develop and implement an action plan (based on the needs assessment) which outlines specific goals and objectives designed to address alcohol/drug abuse and violence issues in the community, evaluate the project on an ongoing basis, facilitate community/student forums focusing around an area of concern/interest, and provide assistance with youth development projects in schools and communities. There are 15 Community Prevention Networkers across the state with offices located in Aberdeen, Watertown, Lemmon, Pierre, Madison, Huron, Sturgis, Hot Springs, Rapid City, Winner, Mitchell, Yankton, and Sioux Falls.
- IV. The Division of Alcohol and Drug Abuse has been the state RADAR (Regional Alcohol and Drug Awareness Resource) Network since 1990. The RADAR Network is a web of state substance abuse offices, universities, clearinghouses, libraries and specialty programs serving in a "knowledgeable exchange" on national, local, and community levels. The RADAR Network plays an intricate role in supporting state prevention, intervention and treatment efforts by providing free publications, immediate access to information, and technical assistance in meeting public health goals relating to alcohol and other drug problems. Associate RADAR Network Centers in South Dakota include the Prevention Resource Centers and the Alcohol and Drug Studies Program at USD. An important feature of the network is PREVline, an Internet gateway to access prevention and treatment information from virtually any point on the globe. The RADAR Network is funded and supported by the national Center for Substance Abuse Prevention (CSAP).

In 1999, the Division forged partnerships in the community of Sioux Falls, SD and Sioux Falls School District to provide prevention services in the schools. Prairie View Prevention Services is the local accredited prevention program that now oversees staff and prevention programming in each high school and middle school in Sioux Falls. In 2002, Prairie View's services expanded to cover the Canton School District, south of Sioux Falls and in 2003 to Aberdeen, SD and the

Aberdeen School District. Prairie View Prevention has 15 staff trained in chemical dependency and/or prevention. Services provided on-site include providing screenings, prevention/early intervention programming and other ATOD curriculums to students and staff. Lifeways, Inc. began providing prevention services in the Rapid City School District in 2003. Currently, Lifeways has 15 prevention staff. Due to the success of this programming, Lifeways has since expanded their school-based prevention programming into 5 schools in the Southern Hills Education Consortium, in the southern Black Hills. In 2006, YouthWise began providing prevention services in the Spearfish and Lead/Deadwood school districts. For the 2007/08 school year, Aberdeen School District has changed prevention providers to Avera St. Lukes-NADRIC, a local agency in Aberdeen. These school based programs now offer services to over 54,000 students a year.

- V. The Division of Alcohol & Drug Abuse also provides prevention through the Diversion Program. In this program, juveniles entering the criminal justice system due to an alcohol or drug related offense will be screened to identify whether they have a substance abuse problem. Depending on the information gained in this screening, the individual will either be referred to one of two levels of programming, the Primary Prevention Program (10-12 hours) or the Intensive Prevention Program (16 hours). Each level of programming includes a family component and an early intervention strategy that educates the youth on alcohol and drug related issues as well as the law regarding adolescent's use of chemicals. The community based program utilizes private and public systems to focus on the issue of youth chemical use. If it is determined that the juvenile requires a more extensive level of services, they may be referred to either Intensive Outpatient Treatment or Residential Treatment.

GAMBLING

The Division of Alcohol and Drug Abuse took over the management of compulsive gambling treatment services in FY2000. Service providers applied for funds and based on programs meeting certain criteria were awarded contracts to provide services. There were 585 individuals with some type of compulsive gambling problem who received some type of service during FY2007. Of the 585 clients who had some type of gambling problem, 177 clients received a gambling specific treatment. A variety of services were provided including assessment, individual and group counseling, intensive outpatient treatment, day treatment, and residential treatment. Of the 585 clients, 372 or 63.4% were male and 213 or 36.4% were females. Of the 585 clients, 147 or 25.1% were married, 213 or 36.4% had never been married, 174 or 29.7% were divorced, 38 or 6.5% were separated, and 13 or 2.2% were widowed. 467 or 79.8% were Caucasian, 82 or 14.0% were Native American, 9 or 1.5% were Black or African American, and 27 or 4.6% replied as Other. The average income was \$21,395.54.

In FY2007, the Division received the follow-up outcome data on clients that completed the Gambling Treatment programming. The research was conducted by Mountain Plains Research through a contract with the Division. The outcome results were based on the 109 persons who were surveyed 12-months post-treatment. Of those clients, 53.2% did not gamble one year post-treatment. The report also stated that 70.8% of the clients received treatment through Division funding, 21.7% were self-pay, 2.0% through Medicare, 2.0% through Medicaid, 2.8% through Blue Cross/Blue Shield, and 8.3% through Private/group insurance.

MOUNTAIN PLAINS RESEARCH (MPR) STUDY

In February of 1999, the Division of Alcohol and Drug Abuse developed a contract with Mountain Plains Research. The contract encompasses indigent clients placed in structured outpatient treatment and residential treatment services paid for by the Division. The forms and procedures used by Mountain Plains Research were adapted from and used with the permission of new Standards, Inc., (CATOR) which was the previous Contractor.

In December of 2006 a report received from Mountain Plains Research on indigent clients had data on 8,070 adult clients and 471 adolescent clients between April 1998 and November 2006 who were admitted to chemical dependency services. Data collected included ethnic origin, marital status, educational attainment, current employment status, financial assistance, treatment payment, referral source, reasons for entering treatment, most recent chemicals used, income, place of residence, problem areas, and religious preferences.

The one-year follow-up results were based on 2,051 adults and 222 adolescents who were contacted by phone or mail. The abstinence rate of those in the 12-month follow-up survey for adults was 46.7% and for adolescents 46.6%. Since some type of court mandate forced many people (73% adults and 74.9% adolescents) into treatment, the abstinence rate was considered to be good. However, it is important to note the possibility of obtaining multiple responses to some of the questions in the survey and therefore the percentages may equal more than one hundred.

The follow-up information on the adults shows the following results:

- Clients completing treatment and were abstinent at the time of follow-up were hospitalized 4.6 times less after treatment than they were before treatment, and the number of days of hospitalization was 3.4 times less during the post-treatment period.
- There were more than twice as many emergency room visits before treatment than there were after treatment for those clients that were abstinent at the time of follow-up.
- Before treatment about one-third was unemployed, but one year post-treatment only 9.2% of all persons completing treatment were unemployed. For those that

were abstinent during the follow-up period, the unemployment rate was only 7.7%.

The follow-up information on the adolescents shows the following results:

- Juveniles who were abstinent during the follow-up period were hospitalized about 2.1 times less than those who were using substances.
- Clients completing treatment were 3.3 times less likely to be absent from or late to work and 3.1 times less likely to have poor job performance.
- Clients who completed treatment had significantly fewer arrests, 3.5 times fewer misdemeanor arrests and 20 times fewer felony arrests after treatment than they did before.

DIVISION'S CASE MANAGEMENT PROGRAM

The Division's case management program continues to expand to not only include all indigent clients but also Title 19 adolescents who are in need of treatment, pregnant substance abusing females, substance abusing females with dependent children, and state employees along with their dependents who are in need of treatment. The Division also places clients who are in need of treatment because they have a gambling problem. During FY2007, the Division received 2,226 indigent and medicaid applications. This is an increase from FY2006 when there were 2,022 indigent and Title 19 applications and FY2005 when there were 2,027 applications.

The Division of Alcohol and Drug Abuse continues to pre-authorize placements at the Human Service Center. During the past year the waiting list at the adult program has been at a 3 week period. The length of time in placement for both the adults and juveniles is determined by their meeting the ASAM Level of Care dimensions.

RELAPSE SERVICES

Prior to FY2005, the Legislature approved funding to provide an intense, short-term residential treatment program for adjudicated adolescents involved in the Department of Corrections. This program was expanded in FY2005, when the Department of Social Services agreed to fund all adolescents who are eligible for Medicaid funding and who met criteria for the short-term relapse program, including those involved in the Department of Corrections. This program is designed for adolescents with a primary diagnosis of alcohol and/or drugs, who have completed treatment at least once and have relapsed while on aftercare in the community. The purpose of the program is to assist adolescents in 'getting back on the recovery track' and making vital community connections to support recovery. The focus of the treatment process is to identify primary relapse "triggers", relapse prevention, and development of a continued care plan. Emphasis on family involvement, as well as, involvement of other community support providers are a priority. The average length of stay for each adolescent is 18 days. There

were 57 adolescents who attended the program in FY2007 compared to 35 adolescents who attended the program in FY2006 and 42 adolescents in FY2005.

PREGNANT ADOLESCENT'S PROGRAMMING

In March 1997, the Department of Human Services, Department of Corrections, Department of Social Services, and Volunteers of America joined in a cooperative effort to develop a program in South Dakota for pregnant or parenting teens and their children. A cooperative public/private venture, New Start, is a living and learning center for pregnant and parenting females between ages 12-18 that are referred by the Department of Corrections, Social Services, Human Services, or private sectors. The program provides a structured, safe, therapeutic, and staff-secure environment.

The overall goal of New Start is to provide the pregnant and parenting females with the services necessary for the achievement of self-sufficiency. New Start ensures the provision of a continuum of services to juvenile females who are in need of residential treatment and support services to make a successful transition to independent, productive living. New Start participants gain assistance in obtaining their high school diplomas, GED, and/or specialized skill training; improve their employability skills; address their chemical dependency, mental health, and/or legal problems; increase their knowledge and/or skills in parenting, child care, self-care, independent living, health, nutrition, and relationships. Accountability and personal responsibility, employment, education, self-sufficiency, and quality parenting are the long-term goals. The New Start facility provides safe shelter to a minimum of 8 females. Since the program's inception, 190 adolescents have received services from the New Start facility. There were 24 pregnant adolescents who attended the program in FY2007.

PREGNANT WOMEN'S PROGRAMMING

Effective July 1, 1998, the South Dakota State Legislature amended the guidelines for the emergency commitment and involuntary commitment of alcoholics and drug abusers. The emergency commitment was expanded to provide for the protection of children from prenatal exposure to alcohol and drugs. The involuntary commitment was amended to include pregnant women abusing alcohol or drugs. The result of the change in statute is the identification and commitment of pregnant substance abusing women to long term treatment.

In mid-January 2000, the Department of Human Services (DHS) and the Department of Social Services (DSS), through a cooperative effort with Volunteers of America-Dakota in Sioux Falls and Behavior Management Systems in Rapid City developed specialized programs for substance abusing pregnant women and women with dependent children. Both programs are residential treatment programs for 18 and older pregnant and parenting females, and their dependent children, who are struggling with drinking and/or taking drugs and who lack the ability to abstain from drinking or taking drugs. These

programs provide coordinated substance abuse intervention and treatment, health care, and supportive services to pregnant and/or parenting women.

The experience of the client who attends these programs includes 45 days of Medically Monitored Intensive Inpatient Treatment Services. Upon completion of inpatient treatment, the client can then be discharged to a lesser level of care and move into the Low-Intensity Residential Treatment portion of the program. The length of the program is individualized and determined according to the needs of the woman and her children. It is based on the primary goal that ensures the client discharges with the skills necessary to care for herself and her baby. Projected length of stay is three months post-delivery to allow for the comprehensive assessment of the mothers parenting ability and transition back into the home community. Since inception, 594 women have admitted to the specialized pregnant women/women with dependent children chemical dependency programs beginning in January 2000 to June 2007. During FY2007, (July 1, 2006 to June 30, 2007) 98 women have been residents of the two programs.

JUVENILE JUSTICE PREVENTION PROGRAMS

During FY2006 the Division in conjunction with the Unified Judicial System, continued to promote and fund the Juvenile Prevention Programming to meet the needs of those adolescents involved with the legal system due to the use of chemicals. The Intensive Prevention Programs (IPP) and Primary Prevention Programs (PPP) in South Dakota are a priority. Diversion programming is operational in each of the state's seven Circuit Court districts and in two of the state's three Juvenile Detention Centers. These programs are designed for youth entering the juvenile justice system due to an alcohol or drug related offense. An initial screening is used to determine whether the juvenile has a substance abuse problem. Depending on the information gained in the screening, the individual is referred to the appropriate level of programming. The Intensive Prevention Program (IPP) is for youth that have multiple offenses. The Primary Prevention Program is for first time offenders. Each program is provided for the 18 and under age group as well as the 19-20 year age group.

From June 1, 2006 – May 31, 2007, 1,562 juvenile and young adults were referred to and completed the diversion programs.

CORRECTIONS SUBSTANCE ABUSE PROGRAMS

During FY2007 the Division continued to provide initial and ongoing services to both adults and adolescents through the Correctional Substance Abuse Programs.

Adolescent Programming

Adolescent programming is provided to all units of the STAR Academy for Youth. Multi-level care, based on program focus and individual need include; a full treatment

needs assessment provided for all individuals entering the institution, Intensive outpatient treatment for individuals at the Patrick H. Brady Academy, and Pre-treatment, intensive outpatient treatment, and continuing care for those involved in the Youth Challenge Center for boys. Pre-treatment, intensive outpatient treatment and continuing care are also offered at the QUEST girls program. Intensive Outpatient Treatment is offered at the Excel girls program. Twelve-step meetings are also held on campus. There were 377 adolescents that received a Treatment Needs Assessment in FY2007 at the STAR Academy. There were 69 adolescent females and 170 adolescent males who received intensive outpatient treatment from these facilities in FY2007. There were also 54 males and 41 females who received aftercare services in FY2007.

In addition, the Coordinator of Transition and Community Services serves as a liaison between the Division of Alcohol and Drug Abuse, Correctional Substance Abuse Programs, State Training and Rehabilitation Academy, Juvenile Community Corrections, and community providers to ensure comprehensive and ongoing chemical dependency services to juveniles under the supervision of the Department of Corrections. This position started in April 2005 and provides the necessary links between the Department of Corrections (institutional and community corrections), and community chemical dependency agencies on a statewide basis to ensure that all juveniles are transitioned from institutional to community services at the appropriate level of care, regarding their chemical dependency needs. The Coordinator also reviews documentation and recommendations for all institutionalized juveniles (state and private) to justify transitioning them into the appropriate level of services in the community, as well as initiating and making recommendations directly to the Division of Alcohol & Drug Abuse for juveniles who meet the criteria for inpatient services.

Outcome studies completed by Mountain Plains Research submitted in December 2006 on those adolescents who received services through the Correctional Substance Abuse Programs indicate that:

- 35.3% did not use alcohol or other drugs during the initial 12 months following institutional release. This is a 1% increase from FY2006.
- 27% had their aftercare revoked, which was a 1% decrease from FY2006.
- Juveniles who completed chemical dependency continuing care, mental health services, family counseling, community service projects, and/or twelve-step programming had better outcomes (substance and arrest free, fewer aftercare violations, fewer revocations) than those that did not complete these services.

Adult Programming

The Correctional Substance Abuse Programs also provide services at all adult institutions in the State. Multi-level care, based on program focus and individual needs include: an initial assessment on all individuals entering the institutions and a full treatment needs assessment for those in need of treatment services. Treatment services provided are: primary intensive outpatient treatment, Native American specific treatment, Co-

Occurring diagnosis treatment, and Methamphetamine specific treatment. A variety of these groups are facilitated at the South Dakota State Penitentiary, Minnehaha County Work Release Center, Yankton Minimum Unit, Mike Durfee State Prison, and the South Dakota Women's Prison. Continuing care programs and twelve-step meetings are also available for those who request them. There were 2,468 inmates (2,024 male and 444 female) that received a Treatment Needs Assessment during FY2007, an increase of 3.5% from FY2006. There were 1,344 male and 237 female inmates and parolees who received intensive outpatient treatment in FY2007. This is a decrease of 2.8% from FY2006.

The Coordinators of Transition and Community Services plan programming for those inmates releasing to Parole Supervision, and assist Parole Agents with Chemical Dependency services in prison and in the community. They provide a link between the adult institutions, parole services and community providers to ensure a smooth transition from institutional care to community services as well as arranging for community services to those parolees who are already on parole but need additional services.

The Community Transition Program [CTP (formally SIP)] includes relapse specific treatment for parolees who have violated their parole agreement due to use of alcohol and/or other drugs. Phase one is at Mike Durfee State Prison where they will complete all therapeutic programming. Phase two will be at a minimum facility where they will focus on employment.

The Coordinators of Transition and Community Services referred 1,226 clients in FY2007 to some level of care in a community agency, which is a decrease from FY2006 by 3.7%. Nine percent of the inmates paroled did not receive treatment inside the Institution due to a short sentence, serving their sentence in a disciplinary unit, or serving their time in a unit that treatment is not offered, which is a 4% decrease from FY2006.

The Coordinators of Transition and Community Services also make referrals to community agencies for inmates being paroled who have been determined to have a mental illness. These referrals include residential placements, psychiatric services, case management, vocational rehabilitation, and assisting the individual in applying for SSI/SSDI. The Coordinators also work closely with the Department of Corrections, Parole, Mental Health, and Medical to release inmates with multiple issues in a timely manner. Examples would be; clients with mental health issues, sex offenses, severe chemical dependency issues, and physical limitations or disabilities.

Outcome studies completed by Mountain Plains Research submitted in December 2006 on those adults who received services through the Correctional Substance Abuse Programs indicate that:

- 46.4% did not use alcohol or other drugs during the initial 12 months following institutional release. This was a decrease from FY2006 by 3.5 %.
- Those who attended twelve-step programming had superior outcomes compared to those that did not.

- Educated, older, and employed individuals had better outcomes (substance and arrest free, fewer parole violations).

SPECIALIZED METHAMPHETAMINE PROGRAMS

There are three Specialized Methamphetamine programs that are running within the State of South Dakota; City/County Alcohol & Drug Programs, Keystone Correctional Methamphetamine Program, and the Intensive Methamphetamine Treatment Program at the South Dakota Women's Prison. The following will give you a brief description of these programs.

City/County Alcohol & Drug Program:

The Specialized Methamphetamine Treatment Program at the City/County Alcohol & Drug Program is a long term Day Treatment Program at the Friendship Halfway House in Rapid City, SD. The program consists of six months of residential programming at the halfway house followed by six months of aftercare. This program originated as a research project for male methamphetamine addicts. There are 25-30 slots per year. Phase One-**Stabilization**: Consists of having the client admitted and if not experiencing any withdrawal symptoms, he will be moved into Phase Two-**Intensive Treatment**. Intensive Treatment will consist of 20 hours a week of group therapy for 8 weeks. Phase Three-**Structured Living**: Each individual will be admitted to an Intensive Outpatient Treatment setting consisting of 15 hours of group therapy a week for 8 weeks in the Half-Way House. Phase Four-**Community Placement**: Each client will reside in the Half-Way House for a Low Intensity Residential Treatment Program for 90 days. They will continue to have a minimum of 5 hours of group therapy a week. During this phase clients will be reintegrated into the community and be assigned a mentor for social support. This phase also consists of 6 months of aftercare.

In FY2007, 25 five clients were placed in this program. Since inception, 62 clients have been placed in this program, with 37 (60%) either completing or still involved in the program.

Keystone Correctional Methamphetamine Program:

The Keystone Correctional Methamphetamine Program is an Intensive Inpatient Long Term Treatment Program that is utilized only in extreme cases and when all other means of treatment have been exhausted. This program is an alternative to sending a client to prison or violating the conditions of parole/probation and returning the client to a correctional institution. There are 20-25 slots per year. Phase One-**Stabilization**: Consists of having the client admitted and if not experiencing any withdrawal symptoms, he/she must be moved into Phase Two within three working days. This phase is completed at the Keystone Treatment Center in Canton. Phase Two-**Intensive Treatment**: Includes education, individual, group, and family therapy. Medical, behavioral, and mental health interventions are also applied as indicated and appropriate. Phase One and Phase Two

combined are approximately 30 days. In Phase Three-**Structured Living**: Each individual will be admitted to a High Intensity Residential stay facility, such as a Half-Way house or Community Transition Program. This phase lasts 90 days and will include 6-8 weeks of Intensive Outpatient Treatment Programming, followed by continuing care services. During Phase Four-**Community Placement**: Each client will return to the home community and link with existing community resources, local Methamphetamine Coalitions and remain in contact with the mentor for the remainder of the year long continuum of care. This phase is approximately eight months.

In FY2007, 23 clients were placed in this program. Since inception, 69 clients have been placed in this program, with 42 (61%) either completing or still involved in the program.

South Dakota Women's Prison Program:

The Intensive Methamphetamine Treatment Program at the SDWP program has the capacity for three groups, with eight inmates in each group for 15 months of programming; including three months in the main Prison for **Stabilization**, three months in the Therapeutic Community for **Intensive Treatment**, three months in a Half Way House for **Structured Living**, and six months of Aftercare while living in their own residence in the community. This approach is evidenced based and monitored by assessment tools to prove efficacy. Data Collection and Assessment Instruments are administered during the program and sent to Mountain Plains Evaluation.

The Intensive Methamphetamine Treatment Program at the Women's Prison started on August 21, 2006. During FY2007, 60 of the 75 inmates (80%) who started the IMT program were still successfully involved.

SD Department of Human Services
Division of Alcohol & Drug Abuse
Summary of Expenditures for SFY 2007

Service Activity	Federal	General	Other	Total
Administration	\$ 289,609.58	\$ 442,270.89	\$ 9,542.26	\$ 741,422.73
Inpatient / Residential	\$ 649,746.67	\$ 428,536.22	\$ -	\$ 1,078,282.89
Outpatient Treatment	\$ 1,260,785.41	\$ 835,307.94	\$ -	\$ 2,096,093.35
Counseling Services	\$ 768,291.54	\$ 594,391.99	\$ -	\$ 1,362,683.53
Detoxification	\$ 183,414.84	\$ 126,894.22	\$ -	\$ 310,309.06
Clinically-Managed Residential	\$ 1,607,654.70	\$ 555,707.33	\$ -	\$ 2,163,362.03
Prevention	\$ 2,263,665.96	\$ 99,429.92	\$ -	\$ 2,363,095.88
Resource Development-Treatment	\$ 49,536.92	\$ -	\$ -	\$ 49,536.92
Resource Development-Prevention	\$ 125,041.02	\$ -	\$ -	\$ 125,041.02
Treatment Gambling	\$ -	\$ -	\$ 249,240.00	\$ 249,240.00
West River-Intensive Outpatient Tx	\$ -	\$ -	\$ -	\$ -
Subtotal	\$ 7,197,746.64	\$ 3,082,538.51	\$ 258,782.26	\$ 10,539,067.41
 Title XIX - Pregnant Women	 \$ 215,500.66	 \$ 124,257.34	 \$ -	 \$ 339,758.00
Title XIX - Adolescents	\$ 2,094,478.62	\$ 1,205,967.90	\$ -	\$ 3,300,446.52
Title XXI - CHIP (Medicaid Expansion)	\$ 256,699.91	\$ 89,180.33	\$ -	\$ 345,880.24
Title XXI - CHIP (Non-Medicaid)	\$ 104,385.55	\$ 35,968.57	\$ -	\$ 140,354.12
Subtotal	\$ 2,671,064.74	\$ 1,455,374.14	\$ -	\$ 4,126,438.88
 SA - Corrections Adult	 \$ -	 \$ 1,457,903.50	 \$ -	 \$ 1,457,903.50
SA - Corrections Adolescent	\$ 169,365.96	\$ 234,767.18	\$ -	\$ 404,133.14
Subtotal	\$ 169,365.96	\$ 1,692,670.68	\$ -	\$ 1,862,036.64
 Special Projects - Data Infrastructure	 \$ 85,692.95	 \$ 61,959.49	 \$ -	 \$ 147,652.44
State Epidemiological Outcome Workgroup (SI	\$ 4,235.50	\$ -	\$ -	\$ 4,235.50
Subtotal	\$ 89,928.45	\$ 61,959.49	\$ -	\$ 151,887.94
 Intensive Meth Treatment - Female	 \$ -	 \$ -	 \$ 107,819.42	 \$ 107,819.42
Methamphetamine Treatment	\$ 488,800.89	\$ 68,015.80	\$ 304,360.62	\$ 861,177.31
Case Management Services	\$ 233,366.07	\$ -	\$ -	\$ 233,366.07
Subtotal	\$ 722,166.96	\$ 68,015.80	\$ 412,180.04	\$ 1,202,362.80
 Total Expenditures - SFY2007	 \$ 10,850,272.75	 \$ 6,360,558.62	 \$ 670,962.30	 \$ 17,881,793.67